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| SCC eFile | 2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 215547200 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: NORTH AMERICAN FAMILY INSTITUTE, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM ATWELL 16450 MEADOWVIEW CT LEESBURG, VA </div> <div style="width: 35%;"> DUE DATE: 10/31/2015 SCC ID NO: F1396581 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
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| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: MA | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 90 Maple Street, Suite 2 CITY/ST/ZIP: Stoneham, MA 02180 </div> | | | | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DR. YITZHAK BAKAL TITLE: PRESIDENT ADDRESS: 80 PARK STREET #22 CITY/ST/ZIP/CO: BROOKLINE, MA 02446 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DR. YITZHAK BAKAL TITLE: PRESIDENT ADDRESS: 80 PARK STREET #22 CITY/ST/ZIP/CO: BROOKLINE, MA 02446 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DENNIS LEWIS DIRECTOR 10226 EVERLEY TERRACE LANHAM, MD 20706 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DR WILLIAM MADAUS DIRECTOR 8 WICKERTREE LANE PLYMOUTH, MA 02630 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ROGER MARCORELLE DIRECTOR 171 JERSEY STREET MARBLEHEAD, MA 01945 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BARNET WEINSTEIN DIRECTOR 790 BOYLSTON ST APT 19H BOSTON, MA 02199 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAMES ZAFRIS DIRECTOR 264 HIGH STREET NEWBURYPORT, MA 01950 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARGARET N ZUSKY DIRECTOR 234 LOWELL ROAD WELLESLEY, MA 02181 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ HILDEGARDE PARIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | HILDEGARDE PARIS, TREASURER PRINTED NAME AND CORPORATE TITLE | 1/25/2016 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |